

CHDP School Handbook



County of San Diego
Health and Human Services Agency
Children, Youth & Families
P.O. Box 85222, MS P511H
San Diego, CA 92186-5222

Introduction

School Entry Health Examination Requirements

This Handbook is designed to acquaint school staff with the school entry health examination requirements. The requirements detailed in the Handbook were designed to promote the good health of California's children. The health examination is given at an early age to detect problems that may interfere with learning. Early identification and treatment are important because an undetected health problem could hamper a child's progress in school.

The law allows for the health examination to be completed up to 18 months prior to entry into first grade or within 90 days thereafter. However, it has been found to be most effective to collect the health examination forms at kindergarten entry. For this reason, schools are encouraged to include information on the health examination and the "Report of Health Checkup for School Entry" (MCH 77) form in the kindergarten registration packet.

The Handbook was developed by the County of San Diego Health and Human Services Agency, Child Health and Disability Prevention (CHDP) Program and was adapted from the recently revised Handbook developed by the Department of Health Services' Children's Medical Services Branch, CHDP Program (www.dhs.ca.gov/pcfh/cms). School health examination requirements are specified in the California Health and Safety Code, excerpts of which are included in the Appendix.

Immunization requirements are available through the County of San Diego Health and Human Services Agency Immunization (I3) Program at (619) 692-8661, at their website (www.immunization-sd.org), or at the Department of Health Services' Immunization Branch website (www.dhs.ca.gov/ps/dcdc/izgroup). Tuberculosis screening requirements may be found at the Tuberculosis Control Branch website (www.dhs.ca.gov/ps/dcdc/TBCB/tubindex.htm) or the California Tuberculosis Controllers Association website (www.ctca.org).

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HISTORY OF CHDP

The Child Health and Disability Prevention (CHDP) Program began in 1967 when an amendment to the federal Medicaid law authorized a program for Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) services for children eligible for Medicaid. In 1974, the State of California extended the EPSDT program to include screening services for children from low-income households upon entering kindergarten or first grade. This screening program was soon extended to include Head Start and State Preschool children and all infants from low-income families. Services were expanded again in 1989 to include children from birth to age 19 from families with an income less than or equal to 200% of the Federal Income Guidelines (FIG), children in Foster Care and emancipated minors.

In 2003, the State Department of Health Services established the CHDP Gateway Program to ensure more children receiving CHDP services have the opportunity to get no-/low-cost comprehensive health coverage through Medi-Cal and Healthy Families. Through this program, children seeking CHDP services will be electronically screened for Medi-Cal and Healthy Families eligibility and, if eligible, will receive CHDP services and leave the provider's office with temporary Medi-Cal health insurance coverage for a full scope of benefits. Families will then have the opportunity to enroll in Healthy Families and Medi-Cal through the joint Healthy Families/Medi-Cal application.

FIRST GRADE SCHOOL ENTRY HEALTH EXAMINATION REQUIREMENT

CHDP provisions include *Health and Safety Code Sections 124085 – 124110 (Appendix A)* which require that all children entering first grade receive a complete physical exam within **18 months prior to or within 90 days after entry into first grade.** Each public and private elementary school has the responsibility to have either acceptable documentation of a health screening or a signed waiver on file for each first grade student.

Each school is responsible for informing parents of children entering kindergarten and/or first grade about the CHDP first grade school entry health examination requirement. School staff **may** distribute the packet, "School Entry Health Checkups" (*Appendix B1-3*), or a letter (*Appendices C1 and C2*) addressed to parents included with kindergarten pre-registration or registration packets. The "Report of Health Check Up for School Entry" (*Appendix B2*) should be given to **parents** to take to health care providers when their children are scheduled to receive the health exam. The health screening services may be obtained from the child's established source of medical care, including a physician, a nurse practitioner, or a CHDP provider (see *Appendix D* for CHDP eligibility requirements). Funds may be available for treatment of suspected problems for those children who qualify for CHDP services. CHDP Program staff will provide referrals for and assistance to families seeking other resources for non-eligible children needing further medical, dental and vision care. In addition, families can receive assistance with the Healthy Families/Medi-Cal application requested at their

CHDP office visit. Call the CHDP Program at **1-800-675-2229**.

The following constitutes acceptable documentation for the CHDP first grade school entry health examination:

- ✓ The "Report of Health Check-Up for School Entry" (MCH 77- Appendix B2) form completed by a physician or nurse practitioner.
- ✓ The parent's copy (pink) of the CHDP Confidential Billing and Screening Form (PM 160- Appendix E) completed by a physician or his/her staff.
- ✓ The State-approved health form used in other California counties (PM 171A/B- Appendix F).
- ✓ Other **complete** physical screening forms from a physician's office, which include the **same** comprehensive screening tests as the "Report of Health Check-Up for School Entry" (MCH 77) form.

Verbal confirmation by parent does not constitute acceptable documentation. If a family does not wish to obtain a health examination for their child based upon personal beliefs, a parent or guardian must sign the waiver portion at the bottom of the "Report of Health Checkup for School Entry" (MCH 77) form. Parents should be encouraged to obtain a health examination. **The signing of the waiver should not be used by parents to avoid the important responsibility of obtaining health care for children.**

If a family is unable to pay for a health exam, the school must refer the parent to the Child Health and Disability Prevention (CHDP) Program, which provides health examinations at no cost to eligible children and youth (see *Appendix D* for CHDP eligibility requirements). A directory of CHDP healthcare providers is mailed to each public school district and each private school every fall. Families can be referred directly to a CHDP provider listed in this directory or to the CHDP program. The toll free number for families is **1-800-675-2229**. Program staff will provide referrals for and assistance to families seeking other resources for non-eligible children needing further care, medical, dental and vision insurance coverage.

If a child has no documentation of a health examination or a signed waiver on file by the 90th day after school entry, the governing board of the school or district may exclude the child from school for no more than five days beginning the 91st calendar day following entrance into first grade. For detailed information regarding exclusion, see the "Hughes Children's Health Enforcement Act" (*Appendix G*). Public schools should contact their district office to determine what the policy is regarding exclusions and exemptions from exclusion.

All public school districts and private schools with a first grade enrollment are required to submit their "CHDP Annual School Report" (PM 272) by January 15 of each year. See *Appendix H1, H2 and H3* for examples. This is in accordance with the *Health and Safety Code Section 124100 (Appendix A)*.

INSTRUCTIONS

Each fall, the "CHDP Annual School Report" (PM 272, *Appendix H*), a "CHDP Material Request Form" (*Appendix I*), a CHDP provider directory and additional materials are mailed out to each public school district office and all private schools.

Public Schools

- ✓ Submit the information regarding first grade health examinations on the "CHDP Annual School Report" (PM 272) to the district office by mid-December.

Then,

- ✓ The District Office:
 - ✓ Prepares the "CHDP Annual School Report" (PM 272) based upon the information submitted by each school with a first grade within the district.
 - ✓ Submits one original (with no white out/erasures, etc.) and three (3) photocopies of the completed "CHDP Annual School Report" (PM 272) form to the local CHDP office by **January 15th**. See example "Alpine Union Elementary School District" (*Appendix H1*).
 - ✓ Retains one copy for the district files.

Private Schools

- ✓ Prepare the "CHDP Annual School Report" (PM 272).
- ✓ Submit one original (with no white out/erasures etc.) and three (3) photocopies of the "CHDP Annual School Report" (PM 272) to the local CHDP office by **January 15th**. See example "All Hallows Academy" (*Appendix H2*).
- ✓ Retain one copy for the school files.

If a private school does not have a first grade for the current school year, the "CHDP Annual School Report" (PM 272) form must be submitted with **"No first graders this school year"** written across the top. If a private school no longer has a first grade, the report must be submitted with **"No longer have a first grade"** written across the top. See example (*Appendix H3*).

Children attending ungraded or special education classes who are age 6 on or before December 2 of the current year are to be included in the "CHDP Annual School Report" (PM 272). This applies also to children attending charter schools or in a home school.

Children repeating first grade need not repeat a health exam if the documentation of the health exam is on file from the previous year. The child must be reported on the

“CHDP Annual School Report” (PM 272) form for the current year as having had the mandatory health examination. Children repeating kindergarten must have a physical exam on file that falls within 18 months prior to or within 90 days after entry into first grade.

Children entering the first grade from a Head Start or State Preschool program need not repeat the health examination if the health examination for those programs was completed within the 18-month period prior to first grade entry. If the exam was completed **more** than 18 months prior to first grade entry, it does **not** meet the requirement and **must be repeated**.

Children from other counties within California entering first grade in San Diego County may provide state-approved documentation of a health examination completed outside of the county but within 18 months prior to entry into first grade. This is acceptable documentation of health examination for school entry. Out-of-state children must have a health examination within 18 months prior to entry into first grade in California. **Documentation must be provided.** However, a “grace period” of 30 days is allowed for transfer of the child’s record. If you have questions regarding acceptable documentation, call CHDP Health Promotion staff at (619) 692-8486.

Each student's “Report of Health Checkup for School Entry” (MCH 77) form or other acceptable documentation is to be placed in the child's file so that if the child moves, the report may be transferred with the child. The report must be kept on file for three years.

The compliance rate of each school or school district is determined by using the following formula:

$$\frac{\text{\# of first graders with an exam or waiver}}{\text{Total number of first graders}} = \text{Compliance Rate}$$

FREQUENTLY ASKED QUESTIONS ABOUT FIRST GRADE HEALTH EXAMINATION REQUIREMENTS AND PROCEDURES

1. When should schools inform parents or guardians about the required health examinations?

California State law allows for the health examination to be completed up to 18 months prior to entry into first grade or within 90 days thereafter. However, it has been found to be most effective to collect the health examination forms at kindergarten entry. For this reason, schools are encouraged to include information on the health examination and the "Report of Health Checkup for School Entry" (MCH 77-Appendix B2) form in the kindergarten registration packet.

2. May public school districts or private schools adopt school policies that require kindergarten or first-time first grade entrants to submit proof of a health examination or waiver before admission to school?

Yes. Public school districts and private schools are encouraged to adopt policies requiring proof of health examination or a signed waiver before admission into kindergarten or first grade.

3. What are the benefits of adopting a school district or private school policy requiring the examination prior to kindergarten entry or first-time first grade entry?

A school policy requiring the health examination before kindergarten entry or first time first grade entry benefits school staff, parents and students by:

- ◆ Ensuring all students receive the important health examination to promote success in school;
- ◆ Increasing the number of children who receive the health examination, resulting in fewer untreated health problems, less illness, and improved attendance at school;
- ◆ Reducing numerous hours of time required of school staff in following up on noncompliant students;
- ◆ Facilitating school staff's ability to collect mandated forms in a timely fashion;
- ◆ Simplifying for parents or guardians the two health entry requirements (CHDP and Immunization) by using the same deadline; and,
- ◆ Ensuring school compliance with the CHDP law.

4. What is the relationship between the first grade health examination and the kindergarten immunizations required for school entry?

The immunization requirements are found in the Health and Safety code and California Code of Regulations (CCR) that specify the immunizations necessary for admission in a given public or private elementary or secondary school, child care

center, day nursery, nursery school, family day care home, or development center. The health examination requirements for entry into first grade are found in a different section of the Code and the CHDP Subchapter of the CCRs. For further information on Immunizations, contact the County of San Diego Health and Human Services Agency Immunization (I3) Program at (619) 692-8661 or look on their website at www.imunization-sd.org. For further information on CHDP health examination requirements, contact CHDP Health Promotion staff at (619) 692-8486.

5. When must the health examination be completed?

Any time between 18 months before first grade entry through 90 days after entry into first grade.

6. What is included in the health examination?

Components of the health assessment include:

- ◆ Health and developmental history
- ◆ Complete physical examination
- ◆ Oral health assessment
- ◆ Nutritional assessment
- ◆ Immunizations as appropriate for age
- ◆ Vision screening
- ◆ Hearing screening
- ◆ Screening tests for anemia, lead, urine abnormalities, tuberculosis and other problems as needed
- ◆ Health education and anticipatory guidance

The health care provider gives an explanation of the copy of the results of the checkup to the parent or guardian. When the child needs a referral for follow-up medical or dental care, the parent or guardian will be provided the necessary assistance in finding the needed services.

7. What immunizations are required for students entering California public or private schools at any time?

Details of the immunization and reporting requirements are available by contacting the County of San Diego Health and Human Services Agency, Immunization (I3) Program at (619) 692-8661.

8. Is a tuberculosis test required for admission into elementary school?

No, a tuberculosis test is not required in San Diego County for school entry. However, some counties or health jurisdictions in California do require the tuberculosis test.

9. Where do schools get the “Report of Health Checkup for School Entry” (MCH 77-Appendix B2) forms, annual CHDP income eligibility table (Appendix D), or other information on the health examination?

Contact CHDP Health Promotion staff, (619) 692-5561, at any time for forms or send the completed “CHDP Material Request Form” (Appendix I) to the CHDP Program.

CHDP Health Promotion
Attn: Nancy Jones/Materials
3851 Rosecrans, MS P511H
San Diego, CA 92186
Fax: (619) 692-8827

10. Who provides the health examinations?

The family's usual source of medical care, including, but not limited to: private doctors, community clinics, health department clinics, prepaid health plans, and military facilities.

11. What if parents or guardians cannot afford the examination?

Children from low-income families may be eligible for a CHDP health assessment at no cost to the family. The “CHDP Eligibility Determination Table” (Appendix D) is updated every April and may be obtained by calling CHDP Health Promotion at (619) 692-5561. Each private school and public school district office is mailed a CHDP provider directory each fall. Please refer income eligible families to a provider in their area. Parents or guardians may obtain the names of CHDP-approved providers from the County of San Diego CHDP Program. If a child is not eligible for CHDP, Program staff may be able to provide referrals for and assistance to families for other medical, dental and vision resources. The toll free number for families is **1-800-675-2229**.

12. How can children get enrolled into low-/no-cost health insurance such as Healthy Families and Medi-Cal?

When a child goes in for a CHDP health exam, the child will be electronically screened for eligibility through the CHDP Gateway and will receive CHDP services and, if eligible, will leave the provider's office with temporary, full-scope Medi-Cal health insurance coverage. At the CHDP providers' office, families also have the opportunity to request to have a joint Healthy Families/Medi-Cal application mailed to their home. Families must complete and return this application to see if their children are eligible for continuing coverage *after* the temporary coverage period. Only those families who receive, complete and submit the additional full application will be considered for continuing Medi-Cal/Healthy Families eligibility. If families need assistance completing the joint Medi-Cal/Healthy Families application or would like to receive an application for low-/no-cost health coverage for children less than 19 years of age, they can call toll-free **1-800-675-2229** for assistance in English, Spanish,

and Vietnamese.

13. What is accepted as documentation that a health examination has been received?

- ✓ The “Report of Health Checkup for School Entry” (MCH 77-Appendix B2) form.
- ✓ The state-approved “Report of Health Examination for School Entry” (PM 171A/B-Appendix F). This form is used in other California counties.
- ✓ The “CHDP Confidential Billing/Screening Report” (PM 160-Appendix E).
- ✓ Other proof of a **comprehensive** health examination from a health care provider (physician or nurse practitioner). If you have any questions regarding acceptable documentation, contact the CHDP Health Promotion staff at (619) 692-8486.

14. Why are the results of health examination not included on the “Report of Health Checkup for School Entry” (MCH 77-Appendix B2) or CHDP Confidential Screening/Billing (PM 160-Appendix E) forms, for example the results of the TB test?

The “Report of Health Checkup for School Entry” form is to serve as a record of what was completed at the time of the health examination, not the findings resulting from that examination. If the parent or guardian releases the information, the health examiner can document on the report information on conditions found in the examination or after further evaluation, that are of importance to schooling or physical activity.

15. Can school districts or schools design their own version of the “Report of Health Checkup for School Entry” form?

No. The only acceptable forms are the “Report of Health Checkup for School Entry” (MCH 77-Appendix B2) form and the state-approved “Report of Health Examination for School Entry” (PM 171A/B-Appendix F). (California Code of Regulations Title 17, Section 6848(c))

16. Can the health examination be waived?

Yes, The parent or guardian must sign the waiver portion at the bottom of the “Report of Health Checkup for School Entry” (MCH 77-Appendix B2) form if they do not want or are unable to obtain a health examination for their child.

In the interest of the child’s own health and school performance, school personnel should make every effort to assist the family in obtaining a physical examination for the child. If the reason for not obtaining the exam is because parents or guardians cannot afford it, every effort should be made to help families find resources to enable them to get the examination. The CHDP program will be able to assist you or

families in identifying resources by calling **1-800-675-2229**.

17. When should parents or guardians present the “Report of Health Checkup for School Entry” (MCH 77) form to the school?

Parents or guardians should present the report as soon as possible after the date of the examination. The report of health examination or a waiver must be presented within 90 days of entry into first grade. Schools are encouraged to collect this information at or before kindergarten entry.

18. Can schools/districts exclude children from attending school for failure to submit the health examination certificate or the waiver?

California law does not require exclusion for failure to submit the health examination report or waiver, but a school board may establish a more stringent policy in accordance with Section 124105 of the Health and Safety Code (*Appendix A*). (See questions 2 and 3 for suggested school/school district policies.)

19. What if a child repeats kindergarten?

If a report of health examination has been submitted, the child does not have to repeat the examination if completed within 18 months prior to entry into first grade. Retain the form and report the child's health examination at the time of entry into first grade.

20. What if a child repeats first grade?

If a report of health examination has been submitted, the child need not repeat the examination. The report of health examination is in the pupil's health record or cumulative folder; so count this child's health examination in your “CHDP Annual School Report” (PM 272-*Appendix H*) for the current school year.

21. If a child has had a health examination in Head Start or a State Preschool does he/she need another?

If the examination was given within the 18-month period prior to first grade entry, it will meet the school entry requirements. If it was given more than 18 months prior to first grade entry, it must be repeated but not sooner than one year after the Head Start or State Preschool health examination was given.

22. Is the first grade entry requirement different for children who attend a year-around school?

There is no difference. The requirement of 18 months prior to first grade entry and 90 days after entry still applies regardless of what time of year the child enters first grade.

23. Is this first grade entry requirement different for children who attend a charter school or a home school?

There is no difference. The requirement of 18 months prior to first grade entry and 90 days after entry still applies.

24. What if a child transfers from another district or state?

A “grace period” of 30 days is allowed for transfer of the child’s record. If the “Report of Health Checkup for School Entry” (MCH 77-Appendix B2) form is on file at the previous district, there is no need to repeat the examination.

25. What if a child comes to California from out-of-state or out-of-country and enters the first grade after the start of school?

The child must meet the California school entry requirements. The child must have completed a health examination either within 18 months before first grade entry or completed one within 90 days of the date of entry into the first grade in the previous state or county of residence.

26. Where is a convenient place to record, track, and tally the number of first grade children’s health examinations or waivers on file?

Use the “CHDP Annual School Report” (PM 272-Appendix L).

27. Where is a convenient place to keep a record of those first graders who have not met the health examination requirements in kindergarten?

Use the first grade class rosters.

28. What information must be reported each year?

Each private school and public school district must submit the “CHDP Annual School Report” (PM 272-Appendix H) to the County of San Diego CHDP Program by January 15th. Forms and instructions are provided to public and private schools by the CHDP Program each year.

✓ **Private Schools** submit the completed original and three (3) photocopies of the “CHDP Annual School Report” (PM 272) to the CHDP Program by **January 15th**.

✓ **Public Schools** submit a completed “CHDP Annual School Report” (PM 272) to their district office by mid-December.

Then,

- ✓ **Public School Districts** must combine individual school reports into one "CHDP Annual School Report" (PM 272) and submit the original and three (3) photocopies to the CHDP program by **January 15th**.

Local CHDP Program Mailing Address:

CHDP Health Promotion
Attn: Nancy Jones
3851 Rosecrans, MS P511H
San Diego, CA 92186

29. How should ungraded school students be reported?

Only those children who are age six on or before December 2 of the current year are to be included in the "CHDP Annual School Report" (PM 272-Appendix H).

30. How should special education students be reported?

Only those children who are age six on or before December 2 of the current year are to be included in the "CHDP Annual School Report" (PM 272-Appendix H).

31. Will the public school districts and private schools be reimbursed for reporting health examination information?

If item number 22 is checked "yes" on the "CHDP Annual School Report" (PM 272-Appendix H), the State will automatically reimburse public school districts and private schools \$1.00 for each child enrolled in the first grade.

32. Where should the student's "Report of Health Checkup for School Entry" (MCH 77-Appendix B2) form be kept?

The student's "Report of Health Checkup for School Entry" (MCH 77) form or other documentation of the health examination is to be placed in the child's health file or cumulative record so that if the child moves, the health examination documentation or waiver will be transferred with the record.

33. How long should the child's report of health examination or waiver be kept?

As a "Mandatory Interim Pupil Record", the "Report of Health Checkup for School Entry" (MCH 77) form, other documentation or waiver shall be maintained for a period of three years following dated origin and may be destroyed after three years, as stated in Title 5 of the California Code of Regulations.

QUESTIONS AND MATERIALS

If your staff is interested in attending an in-service about CHDP school requirements or if you have any questions, please call the Child Health and Disability Prevention (CHDP) Program Health Promotion Staff at **(619) 692-8486**.

The following materials are available at any time by submitting the CHDP School Material Request Form or by contacting CHDP staff at **(619) 692-5561**:

- ✓ "Report of Health Checkup for School Entry" forms (MCH-77) forms
- ✓ CHDP Income Eligibility Determination Table
- ✓ CHDP Annual School Report (PM-272)

CHDP Program staff will provide referrals for and assistance to families seeking other resources for non-eligible children needing further medical, dental and vision care. In addition, families can receive assistance with the Healthy Families/Medi-Cal application requested at their CHDP office visit. Call the CHDP Program at **1-800-675-2229**.

Summary of CHDP School Handbook Appendices

- A. First Grade School Entry Health Examination Requirements: Health and Safety Codes 124085 - 124110
- B. School Entry Health Checkup Packet
 - 1. "School Entry Health Checkup"
 - 2. "Report of Health Checkup for School Entry" (**MCH 77**)
 - 3. TB Letter
- C. Sample CHDP School Entry Letters
 - 1. School/School District with no CHDP policy
 - 2. School/School District with a CHDP policy
- D. Eligibility Determination Table
- E. Copy of a "CHDP Confidential Screening/Billing Report" (**PM 160**)
- F. "Report/Waiver of Health Examination for School Entry" (**PM 171 A/B**)
- G. Memo of Summary of Revision to Hughes Children's Health Enforcement Act Regarding Waivers and Exclusions and Exemptions from Exclusions
- H. Sample CHDP Annual School Reports
 - 1. Public School- Alpine Union Elementary School District
 - 2. Private School- All Hallows Academy
 - 3. Change in first grade status
- I. CHDP School Material Request Form

Appendix A

First Grade School Entry Health Examination Requirements

Health and Safety Code

124085.

On and after July 1, 1976, each child eligible for services under this article shall, within 90 days after entrance into the first grade, provide a certificate approved by the department to the school where the child is to enroll documenting that within the prior 18 months the child has received the appropriate health screening and evaluation services specified in Section 124040. A waiver signed by the child's parents or guardian indicating that they do not want or are unable to obtain the health screening and evaluation services for their children shall be accepted by the school in lieu of the certificate. If the waiver indicates that the parent or guardian was unable to obtain the services for the child, then the reasons why should be included in the waiver.

124100.

- (a) In cooperation with the county child health and disability prevention program, the governing body of every school district or private school that has children enrolled in kindergarten shall provide information to the parents or guardians of all children enrolled in kindergarten of this article and Section 120475. Every school district or private school that has children enrolled in the first grade shall report by January 15 of each year to the county child health and disability prevention program, the department, and the Department of Education the following information:
 - (1) The total number of children enrolled in first grade.
 - (2) The number of children who have had a health screening examination, as evidenced by the certificate required by Section 124085.
 - (3) The number of children whose parents or guardian have given written waiver pursuant to Section 124085 that they do not want their child to receive a health screening examination.
- (b) Each county child health and disability prevention program shall reimburse school districts for information provided pursuant to this section. The Superintendent of Public Instruction may withhold state average daily attendance funds to any school district for any child for whom a certification or parental waiver is not obtained.

124105.

- (a) This section shall be known and may be cited as the "Hughes Children's Health Enforcement Act."
- (b) The Legislature recognizes the importance of health to learning and to a successful academic career. The Legislature also recognizes the important role of schools in ensuring the health of pupils through health education and the maintenance of minimal health standards among the pupil population. Therefore, it is the intent of the Legislature that schools ensure that pupils receive a health screening before the end of the first grade.
- (c) The department shall compile district information, using the information reported pursuant to Section 124100, and report to the Legislature the percentage levels of compliance with Section 124085 on an annual basis commencing January 1, 1994, utilizing data from the prior school year.
- (d) The governing board of each school district shall exclude from school, for not more than five days, any first grade pupil who has not provided either a certificate or a waiver, as specified in Section 124085, on or before the 90th day after the pupil's entrance into the first grade. The exclusion shall commence with the 91st calendar day after the pupil's entrance into the first grade, unless school is not in session that day, then the exclusion shall commence on the next succeeding schoolday. A child shall not be excluded under this section if the pupil's parent or guardian provides to the district either a certificate or a waiver as specified in Section 124085.
- (e) The governing board of a school district may exempt any pupil from the exclusion described in subdivision (d) if, at least twice between the first day and the 90th day after the pupil's entrance into the first grade, the district has contacted the pupil's parent or guardian and the parent or guardian refuses to provide either a certificate or a waiver as specified in Section 124085. The number of exemptions from exclusion granted by a school district pursuant to this subdivision may not exceed 5 percent of a school district's first grade enrollment. It is the intent of the Legislature that exemptions from exclusion be used in extraordinary circumstances, including, but not limited to, family situations of great dysfunction or disruption, such as substance abuse by parents or guardians, child abuse, or child neglect.
- (f) It is the intent of the Legislature that, upon a pupil's enrollment in kindergarten or first grade, the governing board of the school district notify the pupil's parent or guardian of the obligation to comply with Section 124085 and of the availability for low-income children of free health screening for up to 18 months prior to entry into first grade through the Child Health Disabilities Prevention Program.
- (g) It is the intent of the Legislature that school districts provide information to parents regarding the requirements of Section 124085 within the notification of immunization requirements. Moreover, the Legislature intends that the information sent to parents encourage parents to obtain health screenings simultaneously with immunizations.



County of San Diego

School Entry Health Checkups (Kindergarten/First Grade)

You want your child to be in the best of health to get the most out of school.

Early and regular health checkups can find, prevent and treat many health problems before they become serious.

That is why California has a law that says all children must have a health checkup before they enter first grade.

Health checkups completed a year and a half (18 months) prior to or 90 days after your child begins first grade fulfill the school entry requirements.

A health checkup includes:

- ✓ A health history and physical examination
- ✓ Urine, blood and tuberculosis (TB) tests
- ✓ Dental screening
- ✓ Nutritional assessment
- ✓ Vision and hearing tests
- ✓ Immunizations, if necessary
- ✓ Developmental assessment
- ✓ Other tests, if needed

Before first grade begins:

If your child had a health checkup at kindergarten entry and a report is not already at the school, you need to obtain a report from your child's doctor or clinic and take it to the school where your child will begin first grade.

If you are not able to pay for this checkup, please call Children, Youth and Families to find out if your child is eligible for: 1) A no-cost health checkup through the *CHDP (Child Health and Disability Prevention) Program and 2) for on-going complete medical, dental and vision care at a price you can afford.

PLEASE CALL TODAY
CHILDREN, YOUTH AND FAMILIES
1-800-675-2229
English and Spanish spoken

*CHDP is a state program that pays for health checkups and immunizations at no cost to children from low-income families and children on Medi-Cal.

County of San Diego Health and Human Services Agency

DHS:PHE-P80 ES (6/02)

P.O. Box 85222, San Diego, CA 92186-5222

(Español al dorso)

For the health checkup, bring 3 pieces of paper:

1. **The Report of Health Checkup for School Entry** (often called the *Green Form - attached*). Please complete the top part of the form filling in all of the information requested from parent or guardian.
2. **Your child's Yellow Immunization Card** (called the *California Immunization Record*). If you do not have this card, ask for one where your child had the last immunizations.
3. **A Benefits Identification Card.** Bring this if your child has Medi-Cal.

After the health checkup:

1. **Give the *Green Form* to the school.**
2. **Show the Immunization Card to the school.** Then take the card home and keep it in a safe place. You will need proof of immunizations many other times in your child's life.



Note . . .

If health checkups or immunizations are against your personal beliefs, you must sign a form at the school office.

If your child cannot receive immunizations because of a medical problem, bring a doctor's note to the school.

If there is a disease outbreak at the school and your child is not immunized against the disease, your child cannot attend school until the outbreak is over.



Condado de San Diego

Exámenes de Salud para Ingresar a la Escuela

(para el jardín de niños o el primer año)

Usted quiere que su niño esté saludable porque así aprende mejor en la escuela.

Al recibir exámenes de salud y los demás regularmente se pueden prevenir, detectar y tratar muchos problemas de salud.

Por esa razón California tiene una ley que requiere que todos los niños deben recibir un examen de salud antes de ingresar al primer año en la escuela.

El examen de salud puede hacerse **durante año y medio (o sea 18 meses)** antes de empezar, ó 90 días después de empezar la escuela.

Un examen de salud incluye:

- ✓ Una historia clínica y examen físico
- ✓ Prueba de orina, de sangre y de tuberculosis
- ✓ Examen dental
- ✓ Evaluación nutricional
- ✓ Examen de la vista y los oídos
- ✓ Vacunas, si son necesarias
- ✓ Evaluación de desarrollo
- ✓ Otros clases de pruebas, si se necesitan

Si su niño recibió el examen de salud al ingresar en el jardín de niños (kindergarten) y la escuela todavía no tiene el reporte del examen, usted necesita obtenerlo de su médico o clínica y llevarlo a la escuela.

Si a Ud. no le es posible pagar el examen, por favor llame al programa Children, Youth and Families para saber si su niño califica para: 1) un examen físico gratuito por medio del Programa de Salud Infantil y Prevención de Incapacidades (*CHDP en inglés) y también 2) para cuidado continuo médico, dental y cuidado de la vista a un precio accesible.

CHILDREN, YOUTH AND FAMILIES

1-800-675-2229

se habla inglés y español

*CHDP es un programa estatal el cual paga por los exámenes y vacunas sin costo alguno a niños de familias de bajos recursos económicos y a niños que reciben Medi-Cal.

Para el examen de salud lleve 3 documentos:

1. **El Reporte del Examen de Salud para Ingresar a la Escuela** (llamada la Forma Verde - que está adjunta). Por favor llene toda la información que se le pide al padre o tutor en la parte de arriba.
2. **La Tarjeta Amarilla de Vacunación del Niño** (llamada **Registro de Inmunización de California**). Si usted no tiene esta tarjeta, obténgala en el lugar donde recibió las vacunas.
3. **La tarjeta de Identificación de Beneficios**. Llévela si el niño tiene Medi-Cal.

Después del examen:

1. **Entregue la Forma Verde a la escuela.**
2. **Muestre la Tarjeta de Vacunación a la escuela.** Y después guárdela en un lugar seguro en su casa porque más adelante su niño necesitará comprobar que sí recibió las vacunas.



Nótese...

Si los exámenes de salud o las vacunas están en contra de sus creencias personales, usted debe firmar una forma en la oficina de la escuela.

Si el niño no puede ser vacunado por algún problema médico, entregue una nota firmada por el médico a la escuela.

Si su niño no tuvo la vacuna necesaria y hay un brote de una enfermedad, su niño no podrá asistir a clases hasta que el brote termine.

County of San Diego Health and Human Services Agency

DHS:PHE-P80 ES (6/02)

P.O. Box 85222, San Diego, CA 92186-5222

(English on other side)

Appendix B2

County of San Diego



Appendix B2

Report of Health Checkup for School Entry

California law requires a health checkup for school entry to protect the health of all children.

To be completed by Parent or Guardian

Child's Name: Last _____ First _____ Middle _____ Birth Date Month/Day/Year _____

Address: Street _____ City _____ Zip _____ School _____

☐ I request the health provider complete Part I and Part II.

OR

☐ I request the health provider complete Part I only.

Signature of Parent or Guardian _____

Date _____

To be completed by the Health Provider (Must be completed in full to meet California law.)

Part I

Tests and Evaluations	Date
Health/Development History	
Physical Examination	
Nutritional Evaluation	
Vision Screening	
Audiometric Screening	
Blood Test for Anemia	
Urine Dipstick	
Dental Assessment	

Part II

Other Health Information (Optional)

For the child's welfare—and with the parent's permission—it is recommended that significant health information be shared with the school. If the child needs help with medication at school, please contact the school nurse.

- ☐ Parent requests Part II not be filled out.
- ☐ The checkup revealed no conditions of importance to school or physical activity.
- ☐ Conditions that need further evaluation or that can affect school or physical activity are: (please explain)

Immunization History (Check each dose given)

Vaccine	1st	2nd	3rd	4th	5th
Polio					
DTaP/DT					
Hib					
MMR					
Hepatitis B					
Varicella		<input type="checkbox"/> had chickenpox disease			
Hepatitis A					
Pneumococcal Conjugate					

Exact dates will be verified on California Immunization Record

*Mantoux Tuberculin Test: Date _____ MM _____
Pos _____ Neg _____

* In skin testing for tuberculosis, the County of San Diego HHSA recommends only the use of the Mantoux (intradermal) skin test for all children.

Health Provider Information

Name _____

Address _____

City _____

Signature of Health Provider _____

Date of Checkup _____

WAIVER OF HEALTH CHECKUP FOR SCHOOL ENTRY

Note: Your child must have immunizations required by State law, even if no health checkup is given.

I have been told about the health checkup recommended by health professionals and required by State law. I have also been told where and how my child can receive a checkup at no cost, if such assistance is needed. (Please check one.)

☐ I do not want my child to receive the checkup.

☐ I do want my child to have the checkup, but I am unable to get it because _____

Signature of Parent or Guardian _____

Date _____

Condado de San Diego



Reporte del Examen de Salud para Ingresar en la Escuela

La ley del estado de California requiere un examen de salud para poder ingresar en la escuela y así proteger la salud de todos los niños. Favor de entregar este reporte a la escuela. Toda la información será confidencial.

Debe llenarla el Padre, Madre o Guardián

Nombre del Niño:	Apellido	Nombre	Segundo Apellido	Fecha de Nacimiento Mes/Día/Año
Domicilio:	Calle	Ciudad	Zona Postal	Escuela
<input type="checkbox"/> Yo solicito que el proveedor de salud complete la Parte I y Parte II. <input checked="" type="checkbox"/> Yo solicito que el proveedor de salud complete sólo la Parte I.				
Firma del Padre, Madre o Guardián				Fecha

Debe llenarla el Proveedor de Salud (Debe llenarse completamente para cumplir con la ley de California.)

Parte I

Pruebas y Evaluaciones	Fecha
Historia de Salud/Desarrollo	
Examen Físico	
Evaluación de Nutrición	
Examen de la Vista	
Examen Audiométrico	
Análisis de Sangre para Anemia	
Análisis de la Orina	
Evaluación Dental	

Record de Inmunizaciones (Marque cada dosis dada)

Vacuna	1ra	2a	3ra	4ta	5ta
Polio					
DTP/DT					
Hib					
Sarampión, Paperas y Rubéola (MMR)					
Hepatitis B					
Varicela					
Hepatitis A					
Neumocócica Conjugada					

Las fechas exactas serán verificadas en la tarjeta de vacunación de California.

*Prueba de la Tuberculina Mantoux: Fecha ____ MM ____
Pos ____ Neg ____

* La Agencia de Servicios de Salud del Condado de San Diego recomienda que se use únicamente la prueba tuberculina Mantoux (intradérmica) para la prueba de tuberculosis en la piel de todos los niños.

Parte II

Información Adicional de Salud (Es Opcional)

Para el bienestar del niño, y con el permiso de los padres, se recomienda que cualquier información importante se comparta con la escuela. Si el niño necesita ayuda en tomar alguna medicina en la escuela, por favor comuníquese a la enfermera de la escuela.

- ☐ Los padres pidieron no llenar la Parte II.
- ☐ El examen reveló que no hay condiciones de importancia que interfieren con actividades escolares o físicas.
- ☐ Condiciones que necesitan más evaluación o que pueden afectar las actividades escolares o físicas del niño, son: (favor de explicar).

Información del Proveedor de Salud

Nombre _____
 Domicilio _____
 Ciudad _____
 Firma del Proveedor de Salud _____ Fecha del Examen _____

FORMA PARA REHUSAR EL EXAMEN DE SALUD PARA INGRESAR EN LA ESCUELA

Nota: Su niño debe recibir las vacunas requeridas por la ley Estatal, aunque no reciba el examen de salud. He sido informado acerca del examen de salud recomendado por los profesionales de salud y que es requerido por la ley Estatal. También he sido informado en dónde y cómo mi niño puede recibir un examen de salud sin costo alguno, si necesito tal asistencia. (Favor de marcar una.)

____ No deseo que mi niño reciba el examen de salud.

____ Sí deseo que mi niño reciba el examen de salud, pero me ha sido imposible porque _____

Firma del Padre, Madre o Guardián

Fecha

Appendix B3



County of San Diego

Dear Parent:

Please bring this letter to your health care provider at the time your child has their school entry physical. It will give them important information about the risk of tuberculosis (TB) for children in San Diego County. If you have questions about the Child Health and Disability Prevention (CHDP) Program or the check-up required for school entry, please call (619) 692-8808.

Estimados Padres de Familia:

Hagan favor de llevar esta carta a su médico cuando lleven a su niño(a) al examen físico requerido para entrar a la escuela. Esta carta proporcionará al médico, información importante sobre el peligro de tuberculosis (TB) en los niños que residen en el Condado de San Diego. Si tiene preguntas acerca del Programa de Salud Infantil y Prevención de Incapacidades (*CHDP en inglés) ó el examen físico requerido para ingresar a la escuela, por favor llame al (619) 692-8808.

Dear Health Care Provider:

This letter is to bring to your attention current recommendations for TB skin testing of school age children. The American Academy of Pediatrics recommends that children be assessed for TB risk factors and screened if risk is identified.

For children in high risk categories, screening is encouraged at the time of initial visit.

1. Contacts of adults with infectious TB.
2. Those who visit, were born in, or have visitors from regions of the world with high TB prevalence.
3. HIV-positive or those with other immunosuppressive conditions, including chronic renal failure, diabetes mellitus, malnutrition, and lymphoma.
4. Incarcerated adolescents or history of incarceration.
5. Children frequently exposed to the following adults: HIV-infected, homeless, users of street drugs, incarcerated persons, nursing home residents, and migrant workers.
6. Children with a history of intake of unpasteurized milk products/cheese from Mexico.

For children who have no risk factors but who reside in high prevalence regions or those whose history is incomplete, periodic Mantoux tests (such as at ages 5 and 14) should be considered.

San Diego can be considered a moderately high prevalence area with an overall rate of 11 cases of active TB per 100,000 population (national rate is 5 cases per 100,000). However, rates vary among ethnic groups and should be considered when evaluating any particular child. For San Diego in 2002, Asians had a case rate of 33 per 100,000. Hispanics and Blacks, followed at 20/100,000 and 15/100,000 respectively, while non-Hispanic Whites had a low rate of 3/100,000.

The American Academy of Pediatrics, the Centers for Disease Control and the County of San Diego Health and Human Services Agency strongly recommend the **exclusive use of the Mantoux skin test** when screening children for TB due to its higher degree of accuracy than multiple puncture tests. The Mantoux test should be read by trained health care personnel, **not** a parent or guardian.

Guidelines for interpretation of Mantoux Skin Test Reaction in California:

1. A reaction of 5 millimeters or more is considered positive if the child meets any of the following criteria:
 - a. is immunosuppressed (HIV infection or other conditions);
 - b. has had a close and recent contact to an infectious TB case;
 - c. has a chest x-ray consistent with TB (this applies when evaluating a child for whom TB is in the differential diagnosis.)
2. A reaction of 10 millimeters or more is considered positive for all others (including those who have had BCG).

Recommendations for follow-up of children with a positive Mantoux Skin Test:

Children who are found to have a positive Mantoux tuberculin skin test should receive:

- a. a chest x-ray; and
- b. a medical evaluation to rule out active disease; and

- c. placement on therapy for latent TB infection (unless contraindicated).

For children, isoniazid (INH) is used in a single daily dose of 10mg/kg body weight, not to exceed 300 mg per day. The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend 9 months of therapy.

Recording/reporting test results:

The results of a Mantoux skin test should be recorded in millimeters of induration on the Report of Health Checkup for School Entry form. Results should also be recorded on the back of the California Immunization Record card.

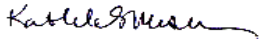
In children 3 **years of age or younger**, the results of a **positive** TB skin test and chest X-ray results should be reported to the County's TB Control Program by calling (619) 692-8604 or by filing a Confidential Morbidity Report form (to obtain form, call (619) 515-6620). Do not report children over age three, unless active disease is suspected.

To report a **suspected or confirmed active case of TB disease**, call the TB Control Program at (619) 692-8610.

If you have any questions regarding the testing, treatment, or follow-up of children with TB infection or disease, please call the TB Control program at (619) 692-8627.

Thank you for your attention to this matter.

Sincerely,



Kathleen S. Moser, M.D., M.P.H.
Chief, TB Control Services

KM:db

Appendix C1

SAMPLE CHDP SCHOOL ENTRY LETTER FOR A SCHOOL/DISTRICT WITH NO CHDP POLICY

Dear Parent or Guardian:

This note is to remind you that California state law requires first grade students to have a health screening. The screening must be completed within 18 months prior to or within 90 days of entering first grade.

Our records show we have not yet received your child's health screening form. Please have your doctor complete the attached form and return it to the school office by _____.

Parents of children entering kindergarten or first grade who are eligible for a health screening at no charge may contact the school office at _____ for more information.

If you do not want your child to receive a health screening, you must sign the waiver at the bottom of the form and return it to the school office by the above date.

Thank you for your help in preparing your child for a healthy start in school.

Sincerely,

Principal

Appendix C2

SAMPLE CHDP SCHOOL ENTRY LETTER FOR A SCHOOL/DISTRICT WITH A CHDP POLICY

Dear Parent or Guardian:

This note is to remind you that California state law requires first grade students to have a health screening. The screening must be completed within 18 months prior to or within 90 days of entering first grade.

Please bring the attached form to your doctor or clinic when your child receives the health screening. You must return the completed form to the school office before your child can be allowed to attend school.

Parents of children entering kindergarten or first grade who are eligible for a health screening at no charge may contact the school office at _____ for more information.

If you do not want your child to receive a health screening, you must sign the waiver at the bottom of the form and return it to the school office before your child can be allowed to attend school.

Thank you for your help in preparing your child for a healthy start in school.

Sincerely,

Principal

Appendix D

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM ELIGIBILITY DETERMINATION TABLE

EFFECTIVE APRIL 1, 2003

Providers are required to ensure that the parent/guardian understands the questions on the CHDP Eligibility Information Form (DHS 4073) that relate to eligibility for a CHDP-reimbursed health assessment. Services provided to persons enrolled in a prepaid health plan where preventive health services are a covered benefit **MUST NOT BE BILLED TO CHDP**. Providers are not required to bill other health insurance carriers before billing CHDP for the history and physical examinations and immunizations.

Note: *Most infants under 13 months of age are eligible for full scope benefits under the Medi-Cal Program. Please have the family give their infant's date of birth to their Eligibility Worker or if the infant's mother did not have Medi-Cal at the time of the infant's birth, contact Eligibility with the local Department of Social Services to apply for Medi-Cal.*

Eligibility Criteria

1. Medi-Cal

All persons from birth through 20 years of age who are certified as eligible to receive Medi-Cal are eligible for periodic CHDP-reimbursed health assessments. Any subsequent diagnostic and treatment services needed by Medi-Cal eligible persons must be billed through the regular Medi-Cal system.

2. Non-Medi-Cal

All persons from birth through 18 years of age who are not certified Medi-Cal eligible are eligible for periodic CHDP state-reimbursed health assessments if they are from a family whose income is at or below the income specified for the size of the family unit on the Income Eligibility Determination table listed below. See CHDP Provider Manual, September 1992, Section 305.a.2., for information about diagnosis and treatment service reimbursement for these persons.

Income Eligibility Determination Table, Effective April 1, 2003*

Number of Persons In Family Unit	Annual	Monthly
1	\$17,960	\$1,497
2	24,240	2,020
3	30,520	2,544
4	36,800	3,067
5	43,080	3,590
6	49,360	4,114
7	55,640	4,637
8	61,920	5,160
9	68,200	5,684
10	74,480	6,207
More than 10	\$6,280 per additional family member	\$524 per additional family member

3. Head Start and State Preschool

Children attending Head Start and State Preschool programs are eligible for CHDP-reimbursed health assessments. (A CHDP Eligibility Information Form (DHS 4073) is not required for these persons.)

*Figures are 200% of the Federal Income Guidelines

Department of Health Services

Appendix F English

State of California—Health and Human Services Agency

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

Department of Health Services
Child Health and Disability Prevention (CHDP) Program

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last First Middle BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street City ZIP code SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTPa/DTP/dTdTd (diphtheria, tetanus, and [acellular pertussis] OR [tetanus and diphtheria only])					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner Date

Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

PM 171 A (3/03) (Bilingual)

CHDP website: www.dhs.ca.gov/chdp

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		First	Middle	DATE OF BIRTH—Month/Day/Year
ADDRESS—Number, Street		City	ZIP Code	SCHOOL
				Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER **DOES NOT** EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

☐ I choose not to have my child receive a health examination as part of the school entry requirement.

☐ I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian _____ Date _____

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhs.ca.gov/chdp

Appendix F Spanish

State of California—Health and Human Services Agency

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Department of Health Services
Child Health and Disability Prevention (CHDP) Program

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido

Primer Nombre

Segundo Nombre

FECHA DE NACIMIENTO—Mes/Día/Año

DOMICILIO—Número y Calle

Ciudad

Zona Postal

Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTd (difteria, tétano y [acetular] pertusis [los ferri]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerido para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruela las locas)					
OTRA					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Nombre, domicilio, y teléfono del examinador

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PH 171 B), formulario que se consigue en la escuela de su niño(a).
CHDP website: www.dhs.ca.gov/chdp

PH 171 A (3/03) (Bilingual)

RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre		FECHA DE NACIMIENTO—Mes/Día/Año	
DIRECCIÓN—Número/Calle		Ciudad	Zona Postal	ESCUELA		Maestro(a)	

PADRE/MADRE O GUARDIÁN:

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario.
FIRMELO Y DEVUELVALO A LA ESCUELA donde será guardado en forma confidencial.

AVISO: EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/LA NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO HECHOS POR LA ESCUELA.

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

- ☐ Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.
- ☐ Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085): _____

Firma del padre/madre o guardián _____

Fecha _____

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.

CHDP website: www.dhs.ca.gov/chdp

Appendix G



CALIFORNIA DEPARTMENT OF EDUCATION

721 Capitol Mall: P.O. Box 944272

Sacramento, CA 94244-2720

August 23, 1993

To: Superintendents of Elementary and Unified School Districts
County Superintendents of Schools

From: *Harvey Hunt*
Harvey Hunt, Acting Deputy Superintendent
Curriculum and Instructional Leadership Branch

Subject: Health Screening and Reporting of First Grade Students

This letter sets forth requirements and options for health screening and reporting of first grade students. It takes into account modifications in the law made by AB 1248 (Statutes of 1992, Chapter 759, Section 81).

SUMMARY OF REVISIONS TO HUGHES CHILDREN'S HEALTH ENFORCEMENT ACT

AB 1248 amended the Hughes Children's Health Enforcement Act (Hughes Act, Health & Safety Code Section 324.3) effective September 21, 1992. Prior to this amendment, the Hughes Act required that school district governing boards "exclude from school, upon enrollment, any first grade pupil, for up to five days, that lacks a health screening or waiver as specified in [H & S Code] Section 323.5." (AB 52, Stats. 1991, c. 373; emphasis added.)

The Hughes Act now provides instead that school district governing boards shall:

"exclude from school, for not more than five days, any first grade pupil who has not provided either a certificate or a waiver, as specified in [H & S Code] Section 323.5, on or before the 90th day after the pupil's entrance into the first grade. The exclusion shall commence with the 91st calendar day after the pupil's entrance into the first grade, unless school is not in session that day, in which event the exclusion shall commence on the next succeeding schoolday. A child shall not be excluded under this section if the pupil's parent or guardian provides to the district either a certificate or a waiver as specified in Section 323.5." (H & S Code, Section 324.3 (d), emphasis added.)

LEGISLATIVE INTENT IN HUGHES CHILDREN'S HEALTH ENFORCEMENT ACT

The intent of the Legislature is recognition of the importance of health to learning and to a successful academic career. The Legislature also recognizes the important role of schools in ensuring the health of pupils through health education and the maintenance of minimal health standards among the pupil population. (H & S Code, Section 324.3 (b).)

THE WAIVER OPTION PROCESS

Health & Safety Code Section 323.5, which was not amended by the Hughes Act, requires that an approved health examination certificate, on forms approved by the Department of Health Services (DHS), be presented to the school within 90 days after a child's entry into the first grade documenting that within the prior 18 months the child has received the appropriate health screening. A waiver signed by the child's parent or guardian indicating that they do not want or are unable to obtain such health screening for the child shall be accepted by the school in lieu of

the certificate. If the waiver indicates that the parent or guardian was unable to obtain such services for the child, then the reasons why should be included in the waiver.

EXCLUSIONS AND EXEMPTIONS FROM EXCLUSION UNDER THE HUGHES ACT

It is the responsibility of the school district to see that the pupil who has neither the health screening certificate nor the parental waiver by the 90th day of first grade is excluded, up to five days, until the parent does complete one of the prescribed actions explained below. On the sixth day, the child should be in class even if none of the prescribed actions is taken by his or her parent or guardian. The district may not claim average daily attendance (ADA) funds for the days of exclusion.

To avoid the mandatory exclusion, the parent or guardian must:

- A. Supply evidence (a valid health screening certificate) that the child has obtained a health screening, or
- B. Sign a waiver of the health screening (H & S Code Section 324.3 (d)).

Governing boards may exempt pupils from this mandatory exclusion if the parent or guardian continues to refuse to provide the certificate or the waiver after at least two contacts by the district between the first day and the 90th day after entrance into the first grade. Exemptions are limited to 5 percent of the district's first grade enrollment and are intended for use "in extraordinary circumstances, including, but not limited to, family situations of great dysfunction or disruption, such as substance abuse by parents or guardians, child abuse, or child neglect." (H & S Code Section 324.3 (e).)

CHDP ASSISTANCE

Local Child Health and Disability Prevention (CHDP) offices offer valuable assistance to schools in fulfilling the health screening requirement. Information may be obtained from local CHDP offices about eligibility requirements for free health checkups based on state criteria of family size and income.

INFORMING PARENTS

School districts should inform parents and guardians who are enrolling their child in kindergarten or first grade of the obligation to comply with H & S Code Section 323.5 and of the availability through the CHDP Program of free health screening for low-income children for up to 18 months prior to entry into the first grade (H & S Code Section 324.3 (f)).

**REPORT OF COMPLIANCE WITH FIRST GRADE HEALTH SCREENING REQUIREMENT
(PRIOR AND CONTINUING RESPONSIBILITY)**

The governing board of every school district or private school that has children enrolled in the first grade must report by January 15 of each year to the county CHDP Program* (H & S Code Section 324.2 (a)):

- A. The number of students enrolled in the first grade (H & S Code Section 324.2 (a) (1)).
- B. The number of first grade students with a health screening certificate (H & S Code Section 324.2 (a) (2)).
- C. The number of children whose parents or guardians have submitted a written waiver that they do not want their children examined (H & S Code Section 324.2 (a) (3)).

REPORT TO LEGISLATURE ON LEVELS OF COMPLIANCE

All county CHDP Programs will report to DHS on the compliance within their county with the first grade health screening requirement. DHS will report the level of compliance by school districts to the Legislature annually commencing January 1, 1994. The prior school year data will be used for this report (H & S Code Section 324.3 (c)).

HEALTH SCREENING AND IMMUNIZATION

The Legislature intended that:

- A. School districts provide information to parents regarding the health screening requirements within the notification of the immunization requirement (H & S Code Section 324.3 (g)).
- B. Information sent to parents should encourage parents to obtain health screening simultaneously with immunizations (H & S Code Section 324.3 (g)).

*County CHDP Programs forward this information to DHS. DHS forwards the data to the California Department of Education.

Superintendents of Elementary and Unified School Districts
County Superintendents of Schools
August 23, 1993
Page 4

Please feel free to share this letter with the individual who will be primarily responsible for coordinating CHDP activities in your school district. The name of that person should be reported to the CHDP Program located in your local county health department.

If you have any questions about the program, please contact your local CHDP Program or Charles Godoy, Consultant, Health Promotion Office, California Department of Education at (916) 657-5434.

NOTICE

THE GUIDANCE IN THIS LETTER IS NOT BINDING ON
LOCAL EDUCATION AGENCIES OR OTHER ENTITIES.
EXCEPT FOR THE STATUTES THAT ARE REFERENCED
HEREIN, THIS LETTER IS EXEMPLARY AND COMPLIANCE
WITH IT IS NOT MANDATORY.
(See Education Code Section 33308.5).

Appendix H1

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention Program

CHDP ANNUAL SCHOOL REPORT

See instructions on reverse side.

1. School code—public school district or private school			2. Check one <input checked="" type="checkbox"/> Public school district <input type="checkbox"/> Private school		3. School year 20 03 to 20 04	
3	7	6	5	4	3	2
County School District School Code			4. Number of schools in district with first grade enrollment 3		5. Telephone number (619) 555-1234	

6. Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.


Alpine School District
5555 Administration Way
Alpine, CA 91901

7. Physical address (if different from mailing address)			City		State	ZIP code
Name of School (School Districts and Private Agencies Reporting More Than One School Must Complete Items 10–15 for Each School Reported) 8.	Total Number of Children Enrolled in First Grade at Time Report Prepared (Columns 10, 11, 12, 13, and 14) 9.	Number of Children With Report of Health Examination for School Entry (PM 171 A) On File 10.	Number of Children with Waiver of Health Examination for School Entry (PM 171 B)			Number of Children with Neither Documentation Nor Waiver of Examination On File 14.
			Parent Does Not Want the Examination 11.	Parent Unable to Obtain the Examination 12.	Reason Not Specified 13.	
Alpine School	32	30	1			1
Boulder Elementary School	21	21				
Shadow Hill School	12	11			1	
15. Total number of schools reporting 3	16. Total enrolled first graders 65	17. 62	18. 1	19.	20. 1	21. 1

22. Is reimbursement desired? ☒ Yes ☐ No If yes, enter the total from item 16 (x \$1) = \$ 65 (reimbursement)

HAVE ALL ITEMS BEEN COMPLETED?

23. I certify that the numbers of children reported above are true numbers and that the parents and guardians of these children were informed of the requirement for health screening prior to first grade entry, pursuant to Section 124100, Health and Safety Code.

Print name Erin Alleman	Signature 	Date 1/5/04
24. Name of contact person, if different from above		25. Telephone number of contact person, if different from item 5 ()

Send the signed original and three copies to the CHDP program in your local health department by January 15.

Appendix H1-Instructions

CHDP ANNUAL SCHOOL REPORT (PM 272)

INSTRUCTIONS

This form is used to report data mandated by Section 124100 of the Health and Safety Code and to invoice for desired reimbursement. Additional copies of the CHDP Annual School Report (PM 272) can be printed from the following web address: www.dhs.ca.gov/publications/forms/pch/crms.htm.

1. For public school districts and offices of education, enter the two-digit county code, the five-digit school district code, and seven zeros (0) for the school code. For private schools, enter the two-digit county code, the five-digit school district code, and the seven-digit school code. Codes for public school districts and offices of education are listed in the "California Public School Directory." Codes for private schools are listed in the "California Private School Directory." School codes can also be found at www.cde.ca.gov/schooldir.

2-7. Self-explanatory.

8. Enter the name of each school reporting. If more than seven schools, attach a separate sheet with all required information.
9. Enter total first grade enrollment for each school. The SDE Annual Enrollment Data Report (R30) may be used as a source for this data.

NOTE: Ungraded Schools—Children age six on or before December 2 of any school year are defined as the equivalent of "children entering first grade."

Special Education Pupils—If school records indicate a complete examination was received within 18 months of first grade entry, report the child as having a documented examination. See "Ungraded Schools" above to determine equivalent of first grade entry.

10. Enter the number of children with a Report of Health Examination for School Entry (PM 171 A) on file. Children with only documentation signed by the parent or oral confirmation by the parent or examiner should be reported in item 14.
11. Enter the number of children with a Waiver of Health Examination for School Entry (PM 171 B) indicating the parent is waiving because they do not want the examination.
12. Enter the number of children with a Waiver (PM 171 B) indicating the parent is waiving because they cannot obtain the examination.
13. Enter the number of children with a Waiver (PM 171 B) with no reason or a reason that does not correspond to items 11 or 12.
14. Enter the number of children with neither documentation of a health examination, as defined in item 10, above, nor a signed waiver as indicated in items 11-13 above. Include children whose parents have not responded or refused to submit documentation/waiver, and the children who entered late and still have 90 days to complete the requirement, etc.
15. Enter the total number of schools reporting (include schools on any attached sheets).
- 16-21. Enter the total number of children from each column. (Include totals from multiple schools on any attached sheets, if necessary.) Item 16 should equal the total of items 17, 18, 19, 20, and 21.
22. Place an "X" in the appropriate box. If reimbursement is desired, the total count from item 16 is multiplied by \$1.00, and the total is entered in the space provided.
23. Print or type name of individual authorized to submit report on the first line. Their original signature and date signed must be entered in ink on the signature and date lines.
24. Print or type the name of contact person, if different from item 23.
25. Print or type the telephone number of the contact person (from items 23 or 24) if it is different from the telephone number in item 5.

Send the signed original and three copies to the CHDP program in the local health department by January 15. Retain one copy for school records.

Appendix H2

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention Program

CHDP ANNUAL SCHOOL REPORT

See instructions on reverse side.

1. School code—public school district or private school			2. Check one <input type="checkbox"/> Public school district <input checked="" type="checkbox"/> Private school		3. School year 20 03 to 20 04	
3	7		5	4	3	2
County		School District		School Code		
4. Number of schools in district with first grade enrollment			5. Telephone number (619) 555-1234			

Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.

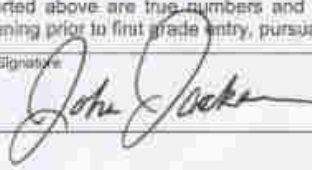
All Hallows Academy
5555 Oak Street
Alpine, CA 91901

7. Physical address (if different from mailing address)			City	State	ZIP code
Name of School (School Districts and Private Agencies Reporting More Than One School Must Complete Items 16-19 for Each School Reported)	Total Number of Children Enrolled in First Grade at Time Report Prepared (Columns 10, 11, 12, 13, and 14)	Number of Children With Report of Health Examination for School Entry (PM 171 A) On File	Number of Children with Waiver of Health Examination for School Entry (PM 171 B)		
8.	9.	10.	Parent Does Not Want the Examination	Parent Unable to Obtain the Examination	Reason Not Specified
11.	12.	13.	14.		
All Hallows Academy	32	30	1	1	
15. Total number of schools reporting	16. Total enrolled first graders	17.	18.	19.	20.
1	32	30	1	1	21.

22. Is reimbursement desired? ☒ Yes ☐ No If yes, enter the total from item 16 (x \$1) = \$ 32 (reimbursement)

HAVE ALL ITEMS BEEN COMPLETED?

23. I certify that the numbers of children reported above are true numbers and that the parents and guardians of these children were informed of the requirement for health screening prior to first grade entry, pursuant to Section 124100, Health and Safety Code.

Print name John Jackson	Signature 	Date 11/10/03
24. Name of contact person, if different from above Jane Doe		25. Telephone number of contact person, if different from item 5 (619) 274-0625

Send the signed original and three copies to the CHDP program in your local health department by January 15.

Appendix H2-Instructions

CHDP ANNUAL SCHOOL REPORT (PM 272)

INSTRUCTIONS

This form is used to report data mandated by Section 124100 of the Health and Safety Code and to invoice for desired reimbursement. Additional copies of the CHDP Annual School Report (PM 272) can be printed from the following web address: www.dhs.ca.gov/publications/forms/pch/crms.htm.

1. For public school districts and offices of education, enter the two-digit county code, the five-digit school district code, and seven zeros (0) for the school code. For private schools, enter the two-digit county code, the five-digit school district code, and the seven-digit school code. Codes for public school districts and offices of education are listed in the "California Public School Directory." Codes for private schools are listed in the "California Private School Directory." School codes can also be found at www.cde.ca.gov/school/dir.

2-7. Self-explanatory.

8. Enter the name of each school reporting. If more than seven schools, attach a separate sheet with all required information.
9. Enter total first grade enrollment for each school. The SDE Annual Enrollment Data Report (R30) may be used as a source for this data.

NOTE: Ungraded Schools—Children age six on or before December 2 of any school year are defined as the equivalent of "children entering first grade."

Special Education Pupils—If school records indicate a complete examination was received within 18 months of first grade entry, report the child as having a documented examination. See "Ungraded Schools" above to determine equivalent of first grade entry.

10. Enter the number of children with a Report of Health Examination for School Entry (PM 171 A) on file. Children with only documentation signed by the parent or oral confirmation by the parent or examiner should be reported in item 14.
11. Enter the number of children with a Waiver of Health Examination for School Entry (PM 171 B) indicating the parent is waiving because they do not want the examination.
12. Enter the number of children with a Waiver (PM 171 B) indicating the parent is waiving because they cannot obtain the examination.
13. Enter the number of children with a Waiver (PM 171 B) with no reason or a reason that does not correspond to items 11 or 12.
14. Enter the number of children with neither documentation of a health examination, as defined in item 10, above, nor a signed waiver as indicated in items 11-13 above. Include children whose parents have not responded or refused to submit documentation/waiver, and the children who entered late and still have 90 days to complete the requirement, etc.
15. Enter the total number of schools reporting (include schools on any attached sheets).
- 16-21. Enter the total number of children from each column. (Include totals from multiple schools on any attached sheets, if necessary.) Item 16 should equal the total of items 17, 18, 19, 20, and 21.
22. Place an "X" in the appropriate box. If reimbursement is desired, the total count from item 16 is multiplied by \$1.00, and the total is entered in the space provided.
23. Print or type name of individual authorized to submit report on the first line. Their original signature and date signed must be entered in ink on the signature and date lines.
24. Print or type the name of contact person, if different from item 23.
25. Print or type the telephone number of the contact person (from items 23 or 24) if it is different from the telephone number in item 5.

Send the signed original and three copies to the CHDP program in the local health department by January 15. Retain one copy for school records.

Appendix H3

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention Program

CHDP ANNUAL SCHOOL REPORT

See instructions on reverse side.

1. School code—public school district or private school										2. Check one <input type="checkbox"/> Public school district <input checked="" type="checkbox"/> Private school		3. School year 20 <u>03</u> to 20 <u>04</u>			
3 7				5 4		3 2		1 0		0 0		4. Number of schools in district with first grade enrollment		5. Telephone number (619) 555-1234	
County		School District		School Code											

6. Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.

All Hallows Academy

5555 Oak Street

Alpine, CA 91901

7. Physical address (if different from mailing address)				City		State	ZIP code
8. Name of School (School Districts and Private Agencies Reporting More Than One School Must Complete Items 10-15 for Each School Reported)	9. Total Number of Children Enrolled in First Grade at Time Report Prepared (Columns 10, 11, 12, 13, and 14)	10. Number of Children With Report of Health Examination for School Entry (PM 121 A) On File	11. Number of Children with Waiver of Health Examination for School Entry (PM 121 B)			14. Number of Children with Neither Documentation Nor Waiver of Examination On File	
			Parent Does Not Want the Examination	Parent Unable to Obtain the Examination	Reason Not Specified		
11. All Hallows Academy	12. (0)*	13.	14.	15.	16.	17.	
15. Total number of schools reporting	16. Total enrolled first graders	17.	18.	19.	20.	21.	
1							

22. Is reimbursement desired? ☐ Yes ☒ No If yes, enter the total from item 10 (x \$1) = \$ _____ (reimbursement)

HAVE ALL ITEMS BEEN COMPLETED?

23. I certify that the numbers of children reported above are true numbers and that the parents and guardians of these children were informed of the requirement for health screening prior to first grade entry, pursuant to Section 124100, Health and Safety Code.

Print name <u>Mary Thomas</u>		Signature <u>Mary Thomas</u>	Date <u>1/1/04</u>
24. Name of contact person, if different from above <u>Jane Doe</u>			25. Telephone number of contact person, if different from item 5 (619) 274-0625

Send the signed original and three copies to the CHDP program in your local health department by January 15.

Appendix H3-Instructions

CHDP ANNUAL SCHOOL REPORT (PM 272)

INSTRUCTIONS

This form is used to report data mandated by Section 124100 of the Health and Safety Code and to invoice for desired reimbursement. Additional copies of the CHDP Annual School Report (PM 272) can be printed from the following web address: www.dhs.ca.gov/publications/forms/pch/crms.htm.

1. For public school districts and offices of education, enter the two-digit county code, the five-digit school district code, and seven zeros (0) for the school code. For private schools, enter the two-digit county code, the five-digit school district code, and the seven-digit school code. Codes for public school districts and offices of education are listed in the "California Public School Directory." Codes for private schools are listed in the "California Private School Directory." School codes can also be found at www.cde.ca.gov/school/dir.

2-7. Self-explanatory.

8. Enter the name of each school reporting. If more than seven schools, attach a separate sheet with all required information.
9. Enter total first grade enrollment for each school. The SDE Annual Enrollment Data Report (R30) may be used as a source for this data.

NOTE: Ungraded Schools—Children age six on or before December 2 of any school year are defined as the equivalent of "children entering first grade."

Special Education Pupils—If school records indicate a complete examination was received within 18 months of first grade entry, report the child as having a documented examination. See "Ungraded Schools" above to determine equivalent of first grade entry.

10. Enter the number of children with a Report of Health Examination for School Entry (PM 171 A) on file. Children with only documentation signed by the parent or oral confirmation by the parent or examiner should be reported in item 14.
11. Enter the number of children with a Waiver of Health Examination for School Entry (PM 171 B) indicating the parent is waiving because they do not want the examination.
12. Enter the number of children with a Waiver (PM 171 B) indicating the parent is waiving because they cannot obtain the examination.
13. Enter the number of children with a Waiver (PM 171 B) with no reason or a reason that does not correspond to items 11 or 12.
14. Enter the number of children with neither documentation of a health examination, as defined in item 10, above, nor a signed waiver as indicated in items 11-13 above. Include children whose parents have not responded or refused to submit documentation/waiver, and the children who entered late and still have 90 days to complete the requirement, etc.
15. Enter the total number of schools reporting (include schools on any attached sheets).
- 16-21. Enter the total number of children from each column. (Include totals from multiple schools on any attached sheets, if necessary.) Item 16 should equal the total of items 17, 18, 19, 20, and 21.
22. Place an "X" in the appropriate box. If reimbursement is desired, the total count from item 16 is multiplied by \$1.00, and the total is entered in the space provided.
23. Print or type name of individual authorized to submit report on the first line. Their original signature and date signed must be entered in ink on the signature and date lines.
24. Print or type the name of contact person, if different from item 23.
25. Print or type the telephone number of the contact person (from items 23 or 24) if it is different from the telephone number in item 5.

Send the signed original and three copies to the CHDP program in the local health department by January 15. Retain one copy for school records.

CHDP SCHOOL MATERIAL REQUEST FORM

THIS FORM IS DUE BY JANUARY 15

Materials are distributed once a year in late January/early February. Please request a sufficient amount for the entire school year. Public school districts should submit one order form for all elementary schools in their district.

For a supply of the California School Immunization Record (CSIR/blue cards), public schools contact your district office, private schools call (619) 692-8661.

Please complete the following information:

School District/Private School Name: _____

Street Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Telephone Number: _____

If the delivery address is **different** from above, please complete the information below.

Delivery Address: _____

Delivery Hours: _____

MATERIALS

FORMS REQUESTED

Report of Health Check-Up for School Entry _____

NOTE: The Report of Health Check-Up for School Entry form is provided in a packet attached with 2 additional forms:

1. School Entry Health Check-Up: (English/Spanish parent handout, includes information about how to obtain low/no-cost health insurance for children)
2. Letter from Tuberculosis Control addressed to parents and health care providers

Please return this form with your CHDP Annual School Report by **January 15** to:
Nancy Jones, County of San Diego, P.O. Box 85222, MS P511H, San Diego, CA 92186-5222

If you have questions please call Nancy Jones at (619) 692-5561

OFFICE USE ONLY

Date Received: _____

Date Mailed/Delivered: _____

Delivered

by: _____